

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE					
						09/890855						
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1					51						
2		1				52						
3						53						
4						54						
5						55						
6						56						
7						57						
8						58						
9						59						
10	1					60						
11		1				61						
12						62						
13						63						
14		1				64						
15			2			65						
16	1					66						
17			1	1		67						
18						68						
19						69						
20						70						
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36						86						
37						87						
38						88						
39						89						
40						90						
41						91						
42						92						
43						93						
44						94						
45						95						
46						96						
47						97						
48						98						
49						99						
50						100						
TOTAL IND.	4		5			TOTAL IND.						
TOTAL DEP.	37	37	30	30		TOTAL DEP.						
TOTAL CLAIMS	41		47			TOTAL CLAIMS						